



041204

16076 U.S. PTO

Practitioner's Docket No. 1139-022

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

22581 U.S. PTO
10/822518

041204

NEW APPLICATION TRANSMITTAL

Transmitted herewith for filing is the patent application of

Inventor(s): Syed R. Iqbal; Corina S. Alionte; Goran Bajic; Shaun C. Howick; Zoran Panic;
Valerija Drobnjakovic; Marinko Lazanja; Simone Köhler; Peter Nägele; Stefan
Stoewe; Boris Zlotin; Piter Ulan; Vladimir Gerasimov; Vladimir Proseanik; Alla
Zusman; Kirill Sklobovskiy

For (title): A VENTILATED SEAT

1. Type of Application

This application is for an original (nonprovisional).

2. Papers Enclosed

- A. Required for filing date under 37 C.F.R. § 1.53(b) (Regular) or 37 C.F.R. § 1.153
(Design) Application

19 Page(s) of Specification

4 Page(s) of Claims

EXPRESS MAILING UNDER 37 C.F.R. § 1.10**(Express Mail label number is mandatory.)**(Express Mail certification is optional)*

I hereby certify that this paper, along with any document referred to, is being deposited with the United States Postal Service on this date
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56,439, at 56,442.

5 Sheet(s) of Drawing(s)--Formal (Figs. 1-8)

B. Other Papers Enclosed

5 Page(s) of declaration and power of attorney - unexecuted
1 Page(s) of abstract
10 Page(s) of Application Data Sheet (ADS)

3. Declaration or Oath

Enclosed and unexecuted.

4. Language

English

5. Fee Calculation (37 C.F.R. § 1.16)

Regular Application										
CLAIMS AS FILED										
Number Filed				Number Extra		Rate		Basic Fee 37 C.F.R. § 1.16(a) \$770.00		
Total										
Claims (37 C.F.R § 1.16(c))		51	–	20	=	31	x	\$	18.00	= \$ 558.00
Independent										
Claims (37 C.F.R § 1.16(b))		4	–	3	=	1	x	\$	86.00	= \$ 86.00
Multiple Dependent										
Claim(s), if any (37 C.F.R § 1.16(d))								\$	280.00	\$ 0.00

Filing Fee Calculation

\$1414.00

6. Fee Payment Being Made at This Time

Enclosed

Filing Fee

\$1414.00

Total Fees Enclosed

\$1414.00

7. Method of Payment of Fees

Attached is a check in the amount of \$1414.00.

Charge any additional fees required by this paper or credit any overpayment to deposit account no. 50-1097.

8. Instructions as to Overpayment

Refund.

Date: _____

4/12/04



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